



Increasing Profits, Expanding Possibilities and Building Farms for Tennessee's Future!

Since 2005 the Tennessee Agricultural Enhancement Program (TAEP) has supported agriculture in Tennessee by providing cost share funds for long term investments in Tennessee's livestock and farming operations. Participation in this program has allowed producers to maximize farm profits, adapt to changing market situations, improve operation safety, increase farm efficiency and make positive economic impacts in their communities. TAEP also offers cost share opportunities to veterinarians, livestock markets, statewide agriculture producer associations, fairs and farmers markets.

TAEP is a direct result of the State of Tennessee's continued commitment to supporting farm development and Tennessee's agricultural community.

Cost Share Information

50% up to \$5000 Maximum	Applicants will receive notification of approval or denial in writing.
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Application and Reimbursement Schedule

Program	Application Period	Anticipated Approval Announcement	Reimbursement Deadlines
Veterinary Equipment	July 1 – August 1, 2009	Starting August 15, 2009	December 1, 2009

Basic Eligibility Requirements

- Must be a Tennessee resident.
- Must register premises with the Tennessee Department of Agriculture (TDA).
- Must have a current Tennessee license.
- Must have an active practice located in Tennessee dealing with cattle, goats or sheep.
- Equipment must be located in Tennessee.
- Must have the ability and financial capacity to complete the project.
- Applicants cannot combine projects with other applicants.

Premises Registration

Applicants can register their premises at Farm Service Agency, UT Extension, Farm Bureau or Tennessee Farmers Co-op locations. Premises registration forms and instructions are also available online at www.tennessee.gov/agriculture/regulatory/tpis.html or by calling 615-837-5189.

Important – the applicant's name must match either the primary or secondary name listed on premises account.

www.TN.gov/agriculture/enhancement

Application Rules

1. Applications must be hand-delivered or postmarked July 1 through August 1, 2009.
2. Faxed applications will not be accepted.
3. Incomplete applications or applications postmarked or received before July 1, 2009 will be returned.
4. All certifications and educational courses must be current and in the name of the applicant to qualify.
5. Only items listed as eligible will be considered for cost share assistance.
6. Used equipment is not eligible for cost share reimbursement.
7. Minimum cost share reimbursement request is \$250 per program.
8. Cash receipts or receipts for in-kind services are not eligible. Proof of payment is required in the form of cancelled check (bank provided copies are acceptable), cashier's check, money order or credit receipt. **CASH RECEIPTS ARE NOT ACCEPTABLE.**
9. Receipts dated prior to June 1, 2009 are not eligible.
10. Applicant cannot purchase equipment, storage facilities, materials, labor, services or cattle genetics from a business where applicant participates in ownership. (Producer Cooperatives excluded)
11. Labor provided by applicant or their employees is not eligible for cost share reimbursement.
12. Projects must meet all state and local regulatory requirements.
13. Applicant will be notified in writing of approval or denial.
14. Reimbursement documentation must be postmarked or hand delivered by the reimbursement deadline. Allow 4-6 weeks for processing.
15. Failure to complete projects and utilize allocated funds can affect eligibility for future program participation.
16. Falsifying applications, invoices or other documents submitted to TDA may make producer and farm ineligible to participate in present and/or future TDA programs and may result in civil litigation or criminal prosecution.

TAEP Reserves the Right to:

- Reject any or all requests.
- Modify program criteria, approval and payment processes.
- Provide partial funding for specific activity components that may be less than the full amount requested.
- Require additional information from the applicant.
- Deny payments for projects that do not meet requirements.
- Make site visits relating to the performance of the activity before, during and after completion for a period of three years.
- Require applicants to repay funds if they fail to comply with all aspects of the cost share guidelines.

TAEP Contact Information

Dr. Charles Hatcher, State Veterinarian
(615) 837-5183

Wendy L. Lofton, Livestock Marketing Specialist
(615) 837-5309

TAEP - Veterinarian Cost Share
Tennessee Department of Agriculture
Ellington Agricultural Center
P.O. Box 40627
Nashville, TN 37204



Information Line
1.800.342.8206



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www.TN.gov/agriculture/enhancement

2009 Tennessee Agricultural Enhancement Program

Veterinarian Handling Equipment (Cattle, Goats, Sheep)

Application period July 1 – August 1
INCOMPLETE APPLICATIONS WILL BE RETURNED

Mail completed form to:
TN Department of Agriculture
Attn: TAEP – Veterinarian Cost Share
P.O. Box 40627
Nashville, TN 37204

No Faxes Accepted

Date Received:

Applicant Information Please Type or Print Clearly

Name of Veterinary Clinic:				Date:	
Last Name:	First:	Middle:	Clinic Tax ID Number:		
Secondary Contact at Clinic:					
Clinic Mailing Address:		City:	State:	Zip Code:	
Clinic Physical Address:		City:	State:	Zip Code:	County:
TN License #:	Premises ID #:		Premises Acct #:		
Clinic Phone #:	Secondary Phone #:		Email:		

Practice Information

What percentage of your practice pertains to cattle?	%
Of cattle serviced, what percentage is beef?	%
Of cattle serviced, what percentage is dairy?	%
Do you offer ambulatory cattle services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer haul-in cattle services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your practice pertains to goats and/or sheep	%

Equipment Information

Complete the table on page 4. You may check multiple blocks. Only items listed are eligible.

Cost Share Request (50% - \$5000 Max.)	\$
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Mobile Clinic Equipment <i>Check the equipment applying for</i>				
<input type="checkbox"/>	Mobile veterinary unit inserts	<input type="checkbox"/>	Mobile veterinary full body units	
Handling Equipment <i>Check the equipment applying for</i>				
<input type="checkbox"/>	Head gate		Cattle BSE Equipment <i>limited to the following items:</i>	
<input type="checkbox"/>	Squeeze chute*			
<input type="checkbox"/>	Palpation cage			
<input type="checkbox"/>	Holding chute or pen	<input type="checkbox"/>		Electroejaculator and leads
<input type="checkbox"/>	Working chute	<input type="checkbox"/>		Semen collection device and holder
<input type="checkbox"/>	Loading and unloading area	<input type="checkbox"/>		Insulated jacket for cold weather
<input type="checkbox"/>	Crowding tub and gate	<input type="checkbox"/>		Microscope
<input type="checkbox"/>	Hoof trimming table/chute	<input type="checkbox"/>		Warming stage for cold weather
<input type="checkbox"/>	Animal scales*	<input type="checkbox"/>		Semen stains and fixatives.
<input type="checkbox"/>	Semen tank			
<input type="checkbox"/>	Radio frequency readers <i>must be capable of reading animal identification approved by U.S. Department of Agriculture</i>			
<input type="checkbox"/>	Computer & software for reading scanners <i>must provide recording and transmittal of animal identification</i>			
NOT ELIGIBLE				
USED EQUIPMENT	Equipment Foundation <i>concrete eligible for items marked with * only labor is not included</i>			CASH RECEIPTS

- I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent, or misleading information may result in penalties and/or eligibility to participate in present and/or future Tennessee Department of Agriculture programs.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.
- I have reviewed and understand all of the guidelines in this application.

Veterinarian Signature	Date	
Applicant will be notified of approval in writing upon review of application. Questions concerning this program may be directed to Dr. Charles Hatcher (615) 837-5183 or the Livestock Marketing Specialist (615) 837-5309. Tennessee Department of Agriculture, P.O. Box 40627, Nashville TN 37204; Fax 615-837-5194		
Office Use Only		
Approval Signature:	Date of Approval:	Application #:
Allotment Code:	Cost Center:	Total Amount Approved:
Comments:		



FY09-10 TAEP Veterinarian Cost Share Program

Return with Veterinarian Equipment Application

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.

____ - ____ - ____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____